



Office of the Chicago City
Clerk



O2012-2616

Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date: 4/23/2012

Sponsor(s): Balcer, James (11)

Type: Ordinance


Title: Exemption of public way use permit fee(s) for R.D.G.
Management - 537 W 31st St

Committee(s) Assignment: Committee on Transportation and Public Way

TRM

Introduced to City Council
April 18, 2012

An ordinance exempting R.D.G. Management located at 537 West 31st Street, for a fire escape from the public way permit fees under the amended municipal code to Chapter 10-28 as that term is defined in section 17-17-02146, constructed in or before 1922 a public way use that is part of the original construction and is a permanent structure of the building . (Attached please find documentation).


James A. Balcer
Alderman, 11th Ward

VOLUME PROPERTY INDEX NUMBER TOWNSHIP TAX CODE NEIGH STREET CODE
 523 17-33-104-010-0000 SOUTH CHICAGO 76001 030 1340
 LOCATION 537 W 31ST ST CHICAGO

TAXPAYER RAYMOND DEGRAZIA
 ADDRESS 537 W 31ST ST
 CITY-ST ZIP CHICAGO IL 60616-3129 LAST TRI YEAR 2009

ASSESSMENT VALUATIONS			
	2007	2008	2009 PROPOSED
LAND	6,360	6,360	15,000
IMPROVEMENTS	37,332	37,332	29,940
TOTAL	43,692	43,692	44,940
CLASS			2-12

LAND SQ FEET 3,000 IRREGULAR LOT NO
 CURRENT MARKET VALUE 449,400
 HOMEOWNERS EXEMPTION 2009 DNR
 SENIOR EXEMPTION 2009 NO
 CERTIFICATE OF ERROR 2009 NO
 DISABLED VETERANS EXEMPTION 2009 NO

2002 BASE		HOMEOWNER EXEMPTION		PRORATION	NPHE
EQUALIZED VALUATION	H/O VALUATION	2009	EXEMPTION	FACTOR	AMOUNT
27,842	96,406		QUANTITY 1	1.000000	20,000

*
 --LAND DESCRIPTION-- --IMPROVED LOT-- RECORD 001
 LAND MEASUREMENT UNIT-PRICE
 3,000 SQUARE FEET 50.00

CLASS	LEVEL OF ASSESSMENT	ADJUSTMENT FACTOR	ASSESSED VALUE
2-00	10.0%		15,000

*
 --IMPROVEMENT DESCRIPTION-- RECORD 002
 CLASS MARKET VALUE C.D.U.
 2-12 299,400

AGE	LEVEL OF ASSESSMENT	PRORATION FACTOR	RELATED PARCEL	ASSESSED VALUE
124	10.0%			29,940

1.RESIDENCE TYPE --three story	*19.CONSTRUCTION QUALITY --average
2.RESIDENCE USE --multi family	*20.RENOVATED
3.NUMBER OF APARTMENTS --four	*21.STATE OF REPAIR --average
4.EXTERIOR WALLS --masonry	*22.SITE DESIRABILITY --not relevant
5.ROOF --tar and gravel	*23.GARAGE SIZE --none
6.NUMBER OF ROOMS (NO BATHS) --007--	*24. A.CONSTRUCTION
7.NUMBER OF BEDROOMS --04--	*25. B.ATTACHED
8.NUMBER OF FULL BATHS --03--	*26. C.IN AREA
9.NUMBER OF HALF BATHS --1--	*27.PORCH
10.BASEMENT --partial	*28.OTHER IMPROVEMENT VALUE --no
11.BASEMENT FINISH --unfinished	*29.SQUARE FOOT OF LIVING AREA 5,040
12.CENTRAL HEATING --electric	*30.LAND SQUARE FOOTAGE 3,000
13.OTHER HEATING-STOVE -no SOLAR -no UNIT HEATER -no FLOOR FURNACE -no	*31.IRREGULAR LOT --no
14.CENTRAL AIR CONDITIONING --no	*32.NO. OF COMMERCIAL UNITS --1--
15.NUMBER OF FIREPLACES --0--	*33.PRORATED --no
16.ATTIC TYPE --full	*34.CATHEDRAL CEILING --no
17.ATTIC FINISH --unfinished	*35.RELATED PARCEL NUMBER
18.PLAN OF DESIGN --stock plan	



CERTIFICATE OF LIABILITY INSURANCE

OF ID: JF

DATE (MM/DD/YYYY)

04/17/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insure-Rite, Inc. 3901 West 95th Street Evergreen Park, IL 60805	708-636-8484	CONTACT NAME:
		PHONE (A/C, No, Ext):
		FAX (A/C, No):
		E-MAIL ADDRESS:
		PRODUCER CUSTOMER ID #: DEGRA-1
INSURED		INSURER(S) AFFORDING COVERAGE
North Star Trust Co # 10-1086 40 3207 S Emerald Chicago, IL 60616		INSURER A : Rockford Mutual Insurance Co
		INSURER B :
		INSURER C :
		INSURER D :
		INSURER E :
		INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CPIL003197	01/10/12	01/10/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	Building			CPIL003197	01/10/12	01/10/13	E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							Repl Cost 475,000
							Deductibl 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Location: 537 W 31st St, Chicago, IL 60616

Certificate Holder is listed as additional insured on the general liability policy only effective as of 4-17-12
TRUST # 10-1086

CERTIFICATE HOLDER	CANCELLATION
City of Chicago 121 N. LaSalle Street Chicago, IL 60602	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>[Signature]</i>

© 1988-2009 ACORD CORPORATION. All rights reserved.